

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 98  
Co. Registrar No. 320  
Local Registrar No. \_\_\_\_\_

or  
City of Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Floyd Lee Eades If child is not yet named, make supplemental report, as directed

3. Sex of child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other. No. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 11-2-22 (Month, day, year)

8. Full name of FATHER John Thomas Eades  
9. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and State  
10. Color or race white 11. Age at last birthday 23 (Years)

14. Full maiden name of MOTHER Florence Myrtle Dutton  
15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and State  
16. Color or race white 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) New Mexico  
(State or country)  
13. Occupation Laborer  
Nature of Industry

18. Birthplace (city or place) Texas  
(State or country)  
19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:25 P. m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. Williams  
(Physician, or midwife)  
Address Globe Ariz

Given name added from a supplemental report. (Month, day, year)

652-1102-645  
Registrar.

Filed Nov 5, 1922 B. G. J. or Local Registrar.  
Filed Dec 5, 1922 B. G. J. or County Registrar.